State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 4-4-2003

1A

Filing Status and Exemption

This form must be executed in every case of compensable disability for injuries occurring ON OR AFTER October 1, 1991, and must be completed in its entirety.

WCC File #

Date filed in District

(for WCC use only)

Employee

Name _____ Soc. Sec.# *(optional)* _____

Address _____

City/Town _____ State _____ Zip Code _____

Filing Status and Exemptions

In order to determine your weekly benefit rate, as per Sec. 31-310 C.G.S., we need the following information:

1. Select your Federal tax filing status based upon your ACTUAL filing status as of the date of injury listed at right:
   ❑ Single ❑ Head of Household ❑ Married filing jointly ❑ Married filing separately
2. Number of exemptions *(including yourself)* as of the date of injury listed at right = _____
3. Check all appropriate boxes:
   ❑ Employee 65 years of age or older ❑ Employee legally blind ❑ Spouse 65 years of age or older ❑ Spouse legally blind
4. FICA withheld for the above-named employee? ..... ❑ YES ..... ❑ NO — ***If NO, insurer must manually calculate weekly benefit rate.***
5. List name *(yourself first)*, date of birth, and relationship to you for all exemptions included in question #2, above:

Name	*Date of Birth*	*Relationship*
		SELF

Injury

Date of Injury _____

The Filing Status and Exemption(s) indicated at left MUST reflect employee's Federal tax status for the Date of Injury provided here.

Concurrent Employment

To be certain you receive all the benefits to which you are entitled provide the following information, *if you were working for more than one employer on the date of injury indicated above*:

Name of Employer	*Address*	*Date of Hire*

NOTE: Wage information for each concurrent employer must be supplied by the claimant.

Signature of Injured Worker or Representative

WARNING: Any person who intentionally misrepresents or fails to disclose any material fact related to a claimed injury may be guilty of a felony.

Employee's Signature _____ Date _____